The changes in these parameters in MNRA were quite opposite to those revealed in MR: the decrease in crosscorrelation relations and coherence of potentials in most of frequency subbands and cortical areas occurred along with the rise of power spatial entropy. Most apparent interstrain differences were displayed in MR rats as the rise of spectral power in frequency subband ranging from 6 to 7.25 Hz and its decrease in 2.00–3.00 Hz subband, especially in certain subbands of beta-activity (15–18.75 HZ and 25.50–30 Hz). In parallel, the significant differences were detected in informative-energetic parameter: the ratio of potentials coherence and spectral power. Under stress exposure this value increased in MR (notably in high frequency EEG subbands for account of decreased spectral power), whereas in MNRA this ratio increased. The maximal interstrain differences in the stress responses, unlike the backgroud EEG, involved the frontal and occipital areas of the right hemisphere. The obtained data on interstrain differences in stress responses of animals with different genetically determined emotionality are interpreted in view of interhemispheric asymmetry features and the participation of different areas of the right hemisphere, central regulation of vegetative emotional component and informative-energetic support of the stress reaction. While the rised emotionality the desorganisation of the brain activity is characterised by reduced energetic support and extracortical activation dominance over the cortical one.

P.6.063 What general practitioners recommend to psychiatric patients

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Objective: Family doctors' (GP's) therapy recommendations in the field of schizophrenia and depression were empirically investigated and compared with the recommendations of psychiatrists and with recognized treatment standards (APA 1993, APA 1997).

Method: In a personal interview on the basis of case vignettes, 64 GPs were asked 6 questions on the treatment of schizophrenia and 2 questions on the treatment of depression.

Results: 1. In a first-episode psychosis, 78% of the GPs and 70% of the psychiatrists recommend a significantly shorter duration of prophylaxis than that found in international guidelines. In the case of multiple episodes, none of the GPs and only 2% of the psychiatrists conformed to recognized international guidelines. This undertreatment is found to correlate with an overestimation of the risk of side effects and- at least in the case of first episode patients- with an underestimation of the relapse risk. Psychiatrists recommend significantly longer prophylaxis durations than the GPs, but they also remain far behind the international treatment standards in the recommended dosing and duration of an antipsychotic medication (Kissling 1994).

2. Similar results are obtained in the treatment of depressive patients. Thus no GP and only one in five psychiatrists opts for the combination of an antidepressant with an antipsychotic which is recommended in the guidelines for delusional depressions. Only 73% of the GPs recommend an antidepressant at all in the case of a delusional depression. In the case of a relapsing depression, only 14% of the GPs, but more than two thirds of the psychiatrists propose a prophylactic treatment which corresponds to the guidelines. Both in the acute treatment and in the relapse prevention, GPs propose lower dosages than psychiatrists treating on an inpatient or outpatient basis.

Conclusions: The incorporation of scientific results into clinical routine still appears to be capable of improvement. It could possibly be further intensified by methods of quality assurance such as the comparative feedback of treatment results or the development and implementation of treatment guidelines. Quality circles attended in common by GPs and psychiatrists also afford a promising outlook in this regard.

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P.6.064 Prevalence of mental disorders in a Belgian primary care setting

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Objective: Survey in 86 general practices of randomly selected subjects, using a handheld computer software version of the PRIME-MD

Subjects: 2320 patients, visiting (70.3%) or being visited (29.7%) by their GP. All age groups were equally distributed.

Results: See the Table with prevalence rates.

Prevalence rates

	Total sample % (n = 2316)	Women % (n = 1360)	Men % (n = 956)	P-value
Any mood disorders	31			
Major depressive disorders	13.9	16.1	10.9	0.001
Partial remission of major depressive disorder	6.0	7.2	4.2	0.004
Dysthymia	12.6	15.0	9.2	0.001
Minor depressive disorder	4.4	3.8	5.3	0.102
R/O bipolar disorder	1.9	2.7	0.8	0.002
R/O depressive disorder due to physical disorder, medication or drugs	2.8	2.6	2.9	0.781
Any anxiety disorders	19			
Panic disorder	2.8	3.8	1.4	0.001
Generalized anxiety disorder	10.3	12.3	7.4	0.001
Anxiety disorder not otherwise specified (NOS)	8.5	9.2	7.4	0.154
R/O anxiety disorder due to physical disorder, medication or drugs	3.2	3.2	3	0.878